

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E681		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 01/07/2013	
NAME OF PROVIDER OR SUPPLIER HILDEGARD HEALTH CENTER INC				STREET ADDRESS, CITY, STATE, ZIP CODE 802 E 10TH ST FERDINAND, IN 47532			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/07/13</p> <p>Facility Number: 004429 Provider Number: 15E681 AIM Number: 200502430</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hildegard Health Center Inc. was found in substantial compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility was located on the third floor of a four story building determined to be of Type I (332)</p>		K0000	<p>Preparation and execution of this response and plan of correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual. The generator is operated with Diesel power. The Diesel powered generator will be tested annually with a load bank test. The facility hereby requests consideration of a paper compliance survey.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/18/2013
FORM APPROVED
OMB NO. 0938-0391

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	<p>construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and in all resident sleeping rooms. The facility has a capacity of 17 and had a census of 17 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/10/13.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on record review, interview and observation; the facility failed to ensure 2 of 2 battery powered light sets were tested monthly for 30 seconds and annually for 90 minutes. LSC 101, Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, as well as staff and visitors in the dining room.</p>		K0046	<p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The facility will test the battery back up light sets in the Dining Room and over the generator. These tests will be done monthly for 30 seconds and a ninety minute test annually.</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice? All residents, visitors, and staff could be affected. The corrective action will benefit all.</p> <p>3. What measures will be put in place or what systemic changes will be made to ensure the deficient practice does not recur? Two forms have been developed—one for the Dining Room battery back up lights and one for the battery back up light over the generator. The forms have a place to indicate the type of test (30 second or 90 minute), the date of the test, and the name of the person conducting the test. The 30 second testing will be monthly. The 90 minute test will be done annually. The tests will be documented on the forms developed.</p> <p>4. How will the</p>		01/18/2013	

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	<p>Findings include:</p> <p>Based on review of the Preventative Maintenance documentation on 01/07/13 at 10:30 a.m. with the Facility Manager present, there was no documentation to show the two battery back up light sets, one located in the Dining Room and one over the generator had been tested monthly for thirty seconds and a ninety minute annual test within the past twelve months. Based on interview at the time of record review, the Facility Manager said the battery back up light set at the generator was tested monthly, however, there was no documentation available to show a thirty second monthly test and a ninety minute annual test in the past twelve months. Based on observations between 11:00 a.m. and 12:30 p.m. during a tour of the facility with the Facility Manager, the two battery back up light sets did light up when tested.</p> <p>3-1.19(b)</p>				<p>corrective actions be monitored to ensure the deficient practice will not recur? Audits will be done monthly by the Director of Maintenance or his designee and reported at the April Quality Assurance Committee meeting. The QA Committee will determine if future audits are needed at the April meeting.</p>		

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K0144 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the Emergency Power Supply (EPS) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all</p>		K0144	<p>K 144 Generators inspected weekly and exercised under load 30 minutes per month. The generator is operated with Diesel power. The Diesel powered generator will be tested annually with a load bank test. 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? There will be an annual minimum 2 hour load bank test by Cummins Crosspoint, Evansville, IN. The first test will be completed by January 22, 2013. Future tests will be each year in January. 2. How will you identify other residents have the potential to be affected by the same deficient practice? All residents could be affected. The corrective action will benefit all. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? A minimum 2-hour load bank test has been scheduled with Cummins Crosspoint in Evansville, IN, for each January beginning with January 2013. 4. How will correction actions be</p>		01/25/2013	

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	<p>residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Generator Log on 01/07/13 at 9:45 a.m. with the Facility Manager present, the generator log form documented the generator was tested weekly under load, however, there was no documentation on the form that showed the generator was exercised under operating conditions or not less than 30 percent of the Emergency Power Supply (EPS) nameplate rating for a minimum of 30 minutes. During an interview at the time of record review, the Facility Manager confirmed the weekly generator log did not include documentation the generator was exercised under operating conditions or not less than 30 percent of the EPS nameplate rating for a minimum of 30 minutes.</p> <p>3.1-19(b)</p>			<p>monitored to ensure the deficient practice will not recur? The Director of Maintenance will perform an Audit each January to see that the annual load bank test is completed and documented.</p>			